

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/530261

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL IND.	3	↓	3	↓	↓
TOTAL DEP.	35	←	30	←	←
TOTAL CLAIMS	38		33		

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL IND.		↓		↓	↓
TOTAL DEP.		←		←	←
TOTAL CLAIMS					

TOTAL IND.		↓		↓	↓
TOTAL DEP.		←		←	←
TOTAL CLAIMS					